



**Dental Assistant  
Training Centers**  
*Knowledge Shared*

## **Application for Admission**

Date: \_\_\_\_\_

Legal Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth Date

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_

Preferred method of communication  
(Check ONE)

Text

Email

Phone

Email Address

\_\_\_\_\_

Day phone

\_\_\_\_\_

Cell phone

\_\_\_\_\_

Permanent  
Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current  
Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Enrollment Dates**  
**CHOOSE ONE Clinic**

- ☐ **Fridays 8am until 5pm**
- ☐ **Saturdays 8am until 5pm**



## ACADEMICS

### Secondary Schools

Current or most recent secondary school attended \_\_\_\_\_

Entry Date \_\_\_\_\_  
mm/dd/yyyy

Graduation Date \_\_\_\_\_  
mm/dd/yy

Address \_\_\_\_\_  
City/Town State/Pro Country Zip/Postal Code

GED \_\_\_\_\_  
mm/dd/yyyy

## Personal Information

List skills, honors, or traits you believe would be beneficial as a dental assistant (If additional space is needed attach a separate sheet)

Please submit this completed application along with official sealed transcripts, a \$50.00 non-refundable application fee and a short essay explaining "Why Dental Assisting and what I can bring to the Profession" to:

DATC, Inc.  
150 West Crescent Square Drive  
Graham, NC 27253



***DAII Disclosure Statement*** – A student completing all requirements of this program will be classified as Dental Assistant I in North Carolina. Dental Assistant II classification requires successful completion of:

- 1) Full-time employment and experience as a chair-side assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;
  - \*\*\*\*a) a 3-hour course in sterilization and infection control;
  - \*\*\*\*b) a 3-hour course in dental office emergencies;
  - \*\*\*\*c) radiology training consistent with G.S. 90-29(s)(12); and
  - \*\*\*\*d) current certification in CPR; or
- 2) Successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR.

\*\*\*\* These courses are all included in the DATC Training Course. CPR Expires 2 years after certification date.

